

DOCUMENT RESUME

ED 254 459

SO 016 257

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TITLE Psychotherapy and Culture: Healing in the Indian Tradition.
INSTITUTION Harvard Univ., Cambridge, Mass. Graduate School of Education.
SPONS AGENCY Bernard Van Leer Foundation, The Hague (Netherlands).
PUB DATE 15 Feb 84
NOTE 27p.; Paper from the Project on Human Potential. For other project papers, see SO 016 244-270.
PUB TYPE Reports - General (140)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Case Studies; Comparative Analysis; Cross Cultural Studies; *Cultural Context; Ethnography; Foreign Countries; *Mental Disorders; Non Western Civilization; Parent Child Relationship; Psychology; *Psychotherapy; Sex Role; *Sociocultural Patterns; Western Civilization
IDENTIFIERS *Hinduism; *India

ABSTRACT

The study of various Indian traditions for the healing of emotional disorders has clarified two issues: the universality of human concerns that underlie emotional illness and the relativity of all psychotherapeutic endeavors, Eastern and Western. It is increasingly evident that Indian patients--whether Hindu, Muslim, or tribal--are engaged in the same struggles as their counterparts elsewhere in the world as they attempt to find a balance between the rewards and pressures of an external world and the desires and fantasies of an internal world haunted by sexual and aggressive wishes, envy, and reproachful voices from the past. In the West, these concerns are more likely to be expressed in scientific abstractions and analytic truths of psychological systems that testify to the continuing hold of the philosophy of the Enlightenment. In India, these concerns are expressed more in the language of religious experience, myths, and poetical images. A case study of one disturbed young Indian woman and the traditional course of Indian healing she embarked on is used to illustrate the similarities and differences between Indian and Western conceptions of the individual and of mental disturbance. (IS)

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Psychotherapy and Culture: Healing in the Indian Tradition

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February 15, 1984

Papers from the Bernard Van Leer Foundation
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Draft 2/15/84

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Psychotherapy and Culture: Healing in the Indian Tradition

Sudhir Kakar

For the past few years I have been absorbed in the study of various Indian traditions for the healing of emotional disorder.¹ In my encounters with the patients and healers of these traditions--shamans, gurus, psychiatrists of indigenous medicine---I have been greatly impressed by two issues: one, the universality of human concerns that underlie emotional illness and, two, the relativity of all psychotherapeutic endeavours, Eastern or Western. It became increasingly evident for me that Indian patients--whether Hindu, Muslim or tribal--are engaged in the same struggles as their counterparts elsewhere in the world as they attempt to find a balance between the rewards and pressures of an external

world and the desires and fantasies of an internal world haunted by ghosts of sexual and aggressive wishes, by envy, and by reproachful voices from the past. In the West these concerns are more liable to be expressed in scientific abstractions and analytic truths, in psychological systems that rearrange reality in some artificial pattern, testifying to the continuing hold of the philosophy of enlightenment on the modern Western mind. In India, these concerns are expressed more in the language of religious experience, myths and poetical images of a people whose values are nearer to those of counter-enlightenment.²

The Indian God is less a mathematician than a poet, who (in Wendy O'Flaherty's felicitous image) not only plays dice with the world but also cheats.

It also became clearer to me how every psychotherapy follows the unique "centre of gravity" of its culture and manifests the culture's major theme in its practice and its goals; the character and value of a psychotherapy is only understandable if one grasps the Schwerpunkt of the culture from which it derives. In this sense every psychotherapy is an ethno psychotherapy and the evolutionist view, also going back to the enlightenment, that psychotherapeutic systems of other cultures are at incipient and less adequate stages in the development of a universal psychiatric understanding, seems untenable. I would like to explore and illustrate these two issues through the case history of an Indian

patient and the indigenous therapy she received.

Asha was a twenty-six-year-old woman from a lower-middle class family in Delhi who had become possessed by two spirits. A thin, attractive woman with sharply chiselled features and a dusky complexion, Asha had a slight, girlish figure that made her look younger than her age. She had suffered from periodic headaches ever since she could remember, though her acute distress began two and a half years ago when a number of baffling symptoms made their first appearance. Among these were violent stomach aches that would convulse her with pain and leave her weak and drained of energy. Periodically, she had the sensation of ants crawling over her body, a sensation that would gradually concentrate on her head and produce such discomfort that she could not even bear to touch her head. There were bouts of gluttony and fits of rage in which she would break objects and physically lash out at anyone who happened to be near her. "Once I even slapped my father during such a rage," Asha said. "Can you imagine a daughter hitting her father, especially a father who I have loved more than anyone else in this world?"

Treatment with drugs (her uncle was a Western-style medical doctor) and consultations with an exorcist did not make any appreciable difference to her condition, but what really moved Asha to come to the healing temple of Balaji

(where I met her) was her discovery, six months after her father's death, that her skin had suddenly turned dark. This caused her intense mental anguish, since she has always prided herself on her fair complexion. Asha now felt that she had become very unattractive and toyed with the idea of suicide.

The temple of Balaji to which Asha came, accompanied by her mother and her uncle, lies two hundred and fifty miles south of Delhi and is famous all over northern India for curing illnesses that result from spirit possession. The therapy takes place through a series of temple rituals that seem to be patterned after judicial procedures. The first step is called the "application" in which the patient makes an offering of rice worth one and a quarter rupees and gives two sweets to an attendant every morning and evening before the start of the temple service. During these services, a priest touches the sweets to a part of the god Balaji's idol and then gives them back to the patient to eat. It is believed that with the eating of the sweets the power of Balaji - the Lord of the Spirits - goes into the patient and forces the possessing spirit to make its appearance in the god's court - the dramatic high point of the healing rituals. If the application is unsuccessful and the spirit does not appear, then the patient can successively make a "petition" in which the "court costs" are seventeen and a quarter rupees worth of foodstuffs, and a "major petition" in which the

costs are raised to twenty one and a quarter rupees. Meanwhile, the family members have also been active. Many of them are chanting specific mantras that are designed to summon and involve the concerned gods in the healing process. Others are found in the temple halls, chanting mantras over spoonfuls of water that they keep transferring from one pot to another. These mantras supposedly impart divine energy to the water, which is later drunk by the patient, presumably to the further dismay of the possessing spirit. It is quite understandable that the possessing spirit is rarely able to withstand the concerted onslaught of so many "divine energies." In secular language we would say that the application and petition rituals incorporate the awesome authority of the gods in their demand that the patient go into the trancelike state of "appearance." The demand is reinforced by the expectations of the priests and family members and is encouraged by the contagious effect of observing other patients having their "appearance" in the midst of approving groups.

The start of an "appearance" is marked by well defined signs of which the rhythmic swaying of the upper half of the body and the violent sideways shaking of the head are the surest evidence of the spirit having presented itself in the god's court. In many patients, the spirit begins by challenging the god. The people around the patient try to provoke the spirit by shouting slogans in praise of the god.

Excited, the spirit often becomes angry and abusive, hurling obscenities at the god and mocking the piety of the onlookers. The torrent of aggressive abuse, especially when it is issuing out of the otherwise demure mouths of frail young girls and women, leaves little doubt that we are witnessing a convulsive release of pent-up aggression and a rare rebellion against the norms and mores of a conservative Hindu society of which its gods are the most obvious representatives. Temporarily, some of the patients even opt out of the Hindu fold by their spirit claiming that it is a Muslim grandee who is as powerful as Balaji and would never admit defeat. The excitement crescendoes as the community now brings its full weight to bear upon the rebellious and wayward spirit, begging the god to give it a thrashing. Indeed the patient begins to hit herself, which simultaneously increases the volume of her spirit's protesting screams. After some time, the patient, patently tired, stops beating herself and the spirit admits defeat. There is obvious relief among the onlookers at the reestablishment of the normal cosmic order and the patient's acceptance of old values and old authorities. The ritual now goes into its next phase of "statement" where the spirit identifies itself and states its wishes. The spirit then promises to leave the patient alone and to throw itself at the mercy of Balaji's court. Sometimes the god might send a reformed, benign spirit to protect the patient against the onslaught of other malignant spirits; the coming of the

benign spirit is signaled by a short trancelike state in which the patient repeatedly prostrates herself before the idol.

After coming to Balaji, the appearance of Asha's spirits was immediate. She had barely finished eating the two sweets when she fell down on the floor and revealed that she was possessed by two spirits. The first spirit, who caused the stomach aches, stated that it was sent by Asha's brother's wife. Its name was Masan, it said, a ghost that inhabits cemeteries and cremation grounds and whose "specialty" is the eating of unborn babies in the womb. The second spirit admitted its responsibility for the sensation of crawling ants and for Asha's rages, and further revealed that it had been sent by the elder brother of Asha's fiance.

Though Asha was anything but secretive and talked animatedly about her life and her problems, the talk was mostly diffused and scattered. She flitted from one experience to another, from the present to the past and back to the present again so that a chronological piecing together of her life history became a difficult task. Dramatic impressions and nostalgic memories, described with elaborate gestures and in a theatrical voice, succeeded each other with bewildering rapidity, making it difficult to sift facts from impressions, reality from fantasy.

As the youngest child in the family and the only daughter after a succession of five boys, Asha had always been her father's favourite. The memories of her childhood were pervaded by images of a father-daughter closeness and of their delight in each other that had excluded other members of the family from their charmed circle. The first thing the father did on coming home from the office every evening was to ask for his beloved daughter and play with her till it was time for dinner. Even when she was twenty, Asha remembers that her father inevitably brought her sweets in the evening, and then, lifting the now not-so-little girl upon his shoulders, he would romp around the house, often exclaiming, "O my darling daughter, what would I do when you get married and leave this house! My life would be ever so empty!"

The only discordant note in the "idyllic" father-daughter relationship occurred when Asha was fifteen. She fell in love with a young college student who had been engaged as her tutor. When her father came to know of their budding romance, he was furious and packed Asha off to her aunt in a nearby town. There she was so closely watched that she could neither write nor receive letters. For one year the girl pined away in virtual imprisonment and came back to Delhi only when her father fell sick and refused to be nursed by anyone except his favorite daughter. Asha devotedly nursed him back to health and the subject of the young tutor was never mentioned by either one of them; in fact, the

episode seemed to have brought the father and daughter even closer.

The sequence of events that led to Asha's possession by the two spirits seems to have been as follows. Three years ago, Asha's favorite brother had got married, and according to Asha, under the influence of his wife he became quite indifferent to his sister. Asha felt very unhappy at her brother's "betrayal" but continued to perform all her sisterly duties. Once, when she had gone to her brother's house for a short stay - her sister-in-law was pregnant - Asha found some of her own clothes in her sister-in-law's closet, which made her very upset at her "thieving" sister-in-law. Her stomachaches started shortly afterward.

It was during this time that a young man from the neighborhood began to take a pronounced romantic interest in Asha. Every day the man dropped in at the clinic where Asha helped her uncle in his work and would talk to her for hours. Asha was uninterested in her ardent suitor, she claims, but this did not faze the young man in the least. In their long and frequent conversations the man openly declared his love for the girl. When Asha's father came to know of the young man's pursuit of his daughter, he was, once again, furious. Accompanied by two of his sons, her father went to the man's house to remonstrate with his family. The man's mother persuaded Asha's father and her brothers that Asha should be

married into their family and it was decided (it was not clear how and by whom) that Asha would marry not her suitor but his younger brother instead. Asha felt very unhappy at this arrangement but her father fell sick and she could not give vent to her feelings as that might have worsened his cardiac condition. Once again she devotedly nursed her father through his illness.

The elder brother of her fiancé had now become bolder and even more insistent in his sexual advances toward the girl. He seemed unmoved by Asha's repeated plea that since she would soon become the wife of his younger brother he should, like a good Hindu, begin to look upon her as his daughter. It was during this period that Asha was attacked by her second spirit for the first time. She had gone to her mother-in-law's house for a visit but found that everyone was out except her lovelorn admirer. He had asked her to come up to his room and Asha had fainted. The rages, the sensation of crawling ants, and the headaches began soon afterward.

From a psychoanalytic perspective, apart from its Indian stage and Punjabi lower middle-class setting, Asha's case seems to be a part of the same genre that is often encountered in the early psychoanalytic literature on young women who fell ill while caring for an older, sick relative. Torn between her duty and her love for her father and her own unacknowledged sexual wishes toward another man, Asha's

conflict is similar to that of many girls in the European bourgeoisie society of the late nineteenth century--that of Freud's patient Elisabeth von R., for instance.³ With her need for intense closeness to her father, Asha seems to have had little choice but to deny the hostile component of her feelings toward him--as she must have denied her rage during her first, abortive love affair with her tutor. Given the present stressful circumstances--her father's illness, her engagement and the man's importunate demands - Asha's defense of denying her aggressive and sexual wishes was no longer sufficient but needed to be supplemented by having these wishes split off from consciousness and attributed to the machinations of a spirit. Naturally, the spirit was "sent" by the lovelorn swain who is unconsciously held to be responsible for the conflicting emotions that constantly threaten to overwhelm her. Asha's other spirit - the embryo-eater Masan - too represents a similar symbiosis of destructive and sexual wishes. Her stomach aches, I would speculate, are an expression of her unconscious pregnancy fantasy, created by means of an identification with the "fortunate rival," the sister-in-law. The ghost killer of unborn babies then symbolizes the idea, "It is not I who would like to destroy my sister-in-law's unborn baby but she who wants to kill my (fantasized) baby." Asha's bouts of gluttony would seem to reinforce this interpretation. As many creative writers have also known, neurotic greed is the reflection not of the need for food but of wishes that can

never be assuaged by eating. For instance, in his novel, Two Women, Balzac in his description of a pregnant woman's passion for rotten oranges he intuitively recognizes the cannibalistic nature of her wishes directed against the child in her body.

We can, of course, go beyond the purely individual understanding of Asha's case to its social setting. Where Asha and other Indian hysterical personalities differ from their European counterparts, for instance, is in the display of a rich, dramatic and concrete imagery of the spirits. This kind of visual imagery is diffuse, if not completely absent, in the recorded cases of la grand hysteric in the West. The rich mythological world peopled by many gods, goddesses and other supernatural beings in which the Indian child grows up as well as his early experiences of multiple caretakers, all contribute to the imagery of possessing spirits. Moreover, the wide prevalence of hysterical personality among Indian women and their use of this particular cultural myth of possessing spirits, are also reflections of certain social conditions prevailing in the society. In other words, there is no individual anxiety that does not also reflect a latent concern common to the group, a fact that Erik Erikson pointed out long ago but which we clinicians often tend to underplay in our pursuit of the uniquely individual in case history.⁴ In a village community where the young bride is expected to be completely

subservient and not even think angry thoughts about her husband's family and especially about her "lord and master," possession by spirits who behave otherwise seems to be one way for a young girl to express and yet not acknowledge the resentment against the powerlessness of her condition. Anger against "superior" family members seems to be particularly difficult to express. Even "she hates me," as in the case of Asha and her sister-in-law, is not easy to acknowledge. One has to be terribly ill and possessed by all manners of spirits to be able to express, "I hate him (or her)."

What can we say about the psychotherapy carried out at the temple of the Lord of the Spirits? As an analyst, I am of course inclined to first perceive its individualistic elements, to focus on the ways temple healing deals with the cut-off parts of the self. We can see that as far as these cut-off parts are concerned, the therapy proceeds along two separate lines. First, the individual's tolerance of the possessing spirit is sought to be increased by lessening the spirit's fearsomeness. Patients (and their families) exchange detailed case histories within and outside the temple premises. If two patients encounter each other in the street, then "How is your 'distress' doing?" is both an acceptable greeting and a mode of inquiry about the other's well-being. The possible response to such an inquiry - "There is no change," "It is turning out well" - are very much like the matter-of-fact exchanges between two graduate

students in physics on the progress of their experiment. Thus, possession illness and the presence of spirits are accepted in a plain, uncomplicated way. In the boarding houses, after their gates are closed for the night, patients and their families spontaneously form into small groups to discuss each other's distress well into the night. In such group sessions, the most intimate details of the individual's distress are revealed, speculations on the probable origins of the spirit are advanced and the possible outcomes of a particular healing ritual are debated. Besides lessening any residual feelings of shame, the public sharing of the illness certainly makes the malignant spirits lose their private terrors. Indeed, the patients begin to address their possessing spirits--the bhuta--derisively with the diminutive "bhutra." What one's bhutra did on a particular day during the healing ritual in the temple is related to others in an indulgent manner, as if the spirit were a naughty child whose antics had to be suffered patiently.

In addition, the spirit's potentially benign nature--the bhuta being replaced by the protective duta, the god's "messenger"--is pointed out and re-emphasized that according to the Indian theory, malignant spirits are only unfortunate ancestral spirits who have yet to enter their destined abode and thus deserve compassion rather than anxious reactions. In psychoanalytic terms, the unconscious content of the psyche is considered neither fixed and immutable nor

malignant and threatening, (as in the notion of the psychoanalytic "id"), but as fundamentally capable of a benign transformation. We must also remember that the spirits are only defendants in Belaji's court and not outside the pale of society; the Lord of the Spirits, after all, is as much a defense lawyer who must look after the spirits' interest as a judge who must punish them.

Second, the appearance ritual attempts to transform the patient's belief into a conviction that her bad traits and impulses are not within but without--that they are not her own but belong to the spirit. The fact that fifteen out of twenty-eight patients whose case histories I collected were possessed by a Muslim spirit indicates the extent of this projection in the sense that the Muslim seems to be the symbolic representation of the alien in the Hindu unconscious. Possession by a Muslim spirit reflects the patient's desperate efforts to convince herself and others that her hunger for forbidden foods, tumultuous sexuality and uncontrollable rage belong to the Muslim destroyer of taboos and are farthest away from her "good" Hindu self.

We have, however, seen that in the judicial metaphor of the temple's healing, the therapeutic task, is not primarily the re-integration of the cut-off parts of the self, (as in Western psychotherapy), but rather the ending of the patient's alienation from his social and cosmic order--the

reintegration of the individual with his community. This requires a polyphonic social drama that attempts a ritual restoration of the dialogue not only within the patient but within the family structure. Much of this work of reintegration takes place outside the healing rituals. According to the temple rules, a patient can stay in a boarding house only if she is escorted by at least one caretaker. In practice there are often three to four family members who accompany the "sick" person on her pilgrimage that may last for as much as six months. Many rituals that need to be carried out in the temple require the active participation of these family members. By accompanying a patient from morning till late in the evening through the various healing rituals and living in an environment where possession illness is the central theme of community life, the distinction between a "sick" and a "normal" member of the family is gradually eroded. There were many cases where a person who had come to Balaji with a possessed relative soon discovered that he too was in distress from a spirit and in need of healing. Another bridge between the "normal" and the "sick" is through the concept of spirit transfer. According to this belief, if a close relative of the patient prays to Balaji that he is ready to take on the distress, then the spirit often leaves the patient and possesses the supplicant. By participating in the rituals together with the patient, engaging in dialogues with the possessing spirit and especially in having the spirit transferred onto themselves,

the family members also seem to be accepting their share of the blame for the patient's problems.

We see, therefore, that the assumptions underlying the temple healing (and generally of other Indian traditions) are quite different from their modern Western counterparts. The assumptions of Western psychotherapy are also those of individualism. They are epitomized in psychoanalysis, perhaps the most individualistic of all psychotherapies, as "its almost limitless respect for the individual, faith that understanding is better than illusion, insistence that our psyches harbour darker secrets than we care to confess, refusal to promise too much, and a sense of the complexity, tragedy and wonder of human life."⁵ The underlying values of the traditional temple healing, on the other hand, stress that faith and surrender to a power beyond the individual are better than individual effort and struggle, that the source of human strengths lies in a harmonious integration with one's group, in the individual's affirmation of the community's values and its given order, in his obedience to community's gods and in his cherishing of its traditions. As I have mentioned at the beginning of this essay, the differences in the therapeutic assumptions and thus in the therapeutic practices, reflect the major thrusts of the two cultures, i.e. they reflect the different questions the cultures ask of the universe which then shape the answers accordingly. Stated in an oversimplified manner, the Indian

question is not "What is human nature?" but rather "What is the relationship between the human and the natural?" In other words, the Indian question stresses relationship rather than individuality and both the question and the answer are reflected in many aspects of Indian culture. I will illustrate this cultural Schwerpunkt with two examples extremely different--Hindu medicine and classical poetry.

The traditional Ayurvedic medicine of India is based on the identity of body and nature and postulates that there is no break in the life processes which characterize both the animate and the inanimate world. A nineteenth-century Bengali text on the body unequivocally states its relationship to the cosmos "In this universe a great wheel of transformative power (maya-chakra) is spinning ceaselessly. The small individual wheel of transformative power in the bodies of living things are connected with that wheel. Just as, when some great steam-driven wheel turns like the prime mover, then all of the components of the machinery move together in coordination and smoothly accomplish their tasks, similarly the small wheels of transformative power that turn through their connection with the great wheel, within the bodies of individual living things, help accomplish such bodily activities as regulating the flow of blood in the body, digesting food, inhaling and exhaling, and moving back and forth."⁶ The Indian body image stresses an unremitting interchange taking place with the environment simultaneously

accompanied by a ceaseless change within the body. As Francis Zimmermann writes, "There is no map nor topography of the body but only an economy, that is to say fluids going in or coming out, residing in some asrya (recipient) or flowing through some srotas (channels)."⁷ It is the imagery from the vegetable kingdom, such as the plant's drawing nourishment through the roots, the rising of the sap, and the milky exudation of resinous trees that provides models for the body image in Ayurveda.

In contrast to the Indian image of the body in constant interchange with the environment and in ceaseless transformation, the Western image is more of a clearly etched body, sharply differentiated from the rest of the objects in the universe. This vision of the body as a safe stronghold with a limited number of drawbridges that maintain a tenuous contact with the outside world has its own particular cultural consequences. It seems to me that in Western discourse, both scientific and literary, there is considerable preoccupation with what is going on within the fortress of the individual body. Preeminently, one seeks to explain behavioral processes through psychologies that derive from biology, to the relative exclusion of the natural and the metanatural environment. Let me give an illustration.

For many years, research on child development has focussed on what is happening within the child as he grows

up. There has been much interesting work on the "unfolding" of a child's capacities and the construction of a number of sophisticated tests and benchmarks of intellectual and cognitive development. In contrast, the work done on a systematic conception and differentiation of the environment in which the child's development takes place is minimal. At most, the environment has been conceived of in nutritional and human terms--for instance in finding out the effects of maternal deprivation on the child. The natural aspects of the environment--the quality of air, the quantity of sunlight, the presence of birds and animals, the plants and the trees--are a priori viewed, when they are considered at all, as irrelevant to intellectual and emotional development. Given the Western image of the body, it is understandable that the more "far-out" Indian beliefs on the effects of the natural world on the human body and psyche, for example, the effects of planetary constellations, earth's magnetic fields, seasonal and daily rhythms, precious stones and metals--are summarily consigned to the realm of fantasy, where they are of interest solely to a "lunatic fringe" of Western society.

Coming to a very different area of human experience, poetry, Daniel Ingalls has observed that where Sanskrit poetry proves most alien to the prevailing spirit of Western verse is in its impersonality, its lack of reference to specific individuals in favour of types.⁸ Whatever the shortcomings of this kind of poetry, it is ideally suited to

bring out the finest effects of suggestion. By a long process of typifying, each variety of love, each scene of nature, each function of the gods has received a conventional manner of presentation. "By a single brushstroke, a single word taken from one of these conventional portrayals or descriptions, the whole scene is evoked. It thus becomes far easier than it is under the modern Western ideal of individualism to move back and forth among the fields of nature, humanity, and the gods, and by suggestion to reveal a given mood as embracing the universe."⁹ To give an example (from classical Tamil poetry): the flower mullai is associated with a particular feeling of love (patient waiting), a particular landscape (forest), particular gods, food, animals, trees, birds, musical style and so on.¹⁰ (It is intriguing to speculate that the effectiveness of a traditional, standard ritual of healing, as at the Balaji temple, may derive from the same sources that give classical Indian poetry its impact. Similar to the aesthetic associations evoked by a fixed poetic symbol, each element of the ritual, in its impersonality and through a long process of typification, has come to evoke a range of healing associations.

I must emphasize here that I am not setting up an irreconcilable dichotomy between Indian and Western cultures and psychotherapies. I do not go so far as McKim Marriott who contrasts a Western individual (indivisible), having a

nature that is enduring, closed and has an internally homogeneous structure, with an antithetical Indian dividual i.e. divisible, who is open, more or less fluid, only temporarily in integration, deriving his personal nature interpersonally, whose affects, needs and motives are relational and whose distresses are solely disorders of relationships.¹¹ From our case of temple healing (and from the study of other Indian psychotherapies) we know that the psychotherapy must also offer the patient an opportunity for "airing" his individual conflict and some kind of resolution on the personal plane. A successful traditional healing ritual is not merely an operation (as Levi-Strauss maintains) where the patient receives a social myth* from his collective tradition that reintegrates his alienating experience of sickness within a meaningful whole.¹² The therapy must also

*By "myths" I do not mean false statements about reality but myths as embodiments of a vision of the world.

attend to the individual elements of the patient's sickness. Conversely, an effective individual resolution of psychic conflict in most Western psychotherapies will, in some measure, also incorporate the collective myth shared by the patient, the therapist and the community of which they both form a part. Normally, this collective myth, based on the Western tradition of which individual autonomy and individual worth, knowableness of reality and the possibility of real choice are some aspects, remains relatively unarticulated. Nevertheless, as the elaboration of the individual myth proceeds (and this is especially noticeable in psychoanalytic practice across cultures), the collective myth often becomes audible, as a theme here and just a faint echo there, providing the patient with an opportunity to relate and reintegrate his illness with a larger meaningful whole. Instead of a dichotomy between Western and Indian psychotherapies, I would then suggest that both operate with collective and individual aspects, though each choose to focus on one part of the dual healing mechanism while it underplays the other.

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